AFFIDAVIT
REQUEST FOR RAMP
CERTIFICATION

BUREAU OF
ALCOHOL EDUCATION

Please use blue or black ink and make sure all information is legible and complete.

1. LICENSE INFORMATION

LICENSE NAME   LICENSE NUMBER   LID #

_____

TRADE NAME (IF APPLICABLE)

_____

ADDRESS OF PREMISES   (STREET, P.O. BOX NO.)   (STATE)   (ZIP)

_____

COUNTY   E-MAIL ADDRESS

_____

DAYTIME PHONE   EVENING PHONE

(_____)_____(_____)_____

2. RESPONSIBLE ALCOHOL MANAGEMENT PROGRAM (RAMP) COMPONENTS

Please an (X) in the box next to each statement you are affirming to:

A. OWNER/MANAGER TRAINING
Either an owner or the PLCB-approved manager has attended owner/manager training within the previous two (2) years.

B. SERVER/SELLER TRAINING
At least fifty percent (50%) of the alcohol service personnel have completed a PLCB-approved server/seller course within the previous two (2) years.

C. NEW EMPLOYEE ORIENTATION (Form PLCB-2228)
New employee orientation forms have been completed for each member of the alcohol service staff.

D. SIGNS
The following signs are posted, notifying patrons about:

(1) Acceptable forms of identification as described in section 495(a) of the Liquor Code (47 P.S. § 4-495(a)).

(2) The licensee's duty to refuse service to minors and visibly intoxicated persons under section 493(1) of the Liquor Code (47 P.S. § 4-493(1)).   PLCB   Own (See instructions)

E. ALCOHOL SERVICE STAFF ROSTER (Form PLCB-2325) ATTACHED
A completed alcohol service staff roster accompanies this affidavit.

I SWEAR OR AFFIRM, SUBJECT TO THE PENALTIES PROVIDED UNDER 18 PA. C.S.A. §4904 (UNSWORN FALSIFICATION TO AUTHORITIES), THAT THE FOREGOING ANSWERS AND STATEMENTS HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

3. SIGNATURE

APPLICANT NAME (PLEASE PRINT)   TITLE

_____

SIGNATURE   DATE

_____

Board Use Only

Date Received: _____   Alcohol Education Specialist Assigned: _____

Date Certified: _____ / _____ / _____   Alcohol Education Specialist Supervisor:_____

INSTRUCTIONS

This affidavit must be submitted in order to request RAMP Certification.

1) Section one – Enter license information
2) Section two – Place an (x) in the box next to each statement you are affirming to
   A. Owner/Manager Training – The PLCB-approved manager is the person who is listed on your license and has filed an application and undergone a criminal history check.
   B. Server/Seller Training – Alcohol service personnel is defined as anyone who serves/sells alcohol or checks identification.
   C. New Employee Orientation – This form (PLCB-2228) is required regardless if the employee has been trained in a server/seller course. All forms should be kept on file on licensed premises for a minimum of two (2) years.
   D. Signs – Signs are available at www.lcb.state.pa.us or by calling 1-866-275-8237. You may use your own signs provided that they are equivalent in size and content to the Board's signs. The design of the sign must allow for the sign to be legible from a distance of ten (10) feet. The signs must be at least eight and a half inches (8.5") by eleven inches (11") and easily seen by patrons.
   E. Alcohol Service Staff Roster – Submit a copy of licensed establishment's staff roster (PLCB-2325).
3) Section three – Print name of applicant and sign and date affidavit. The signature should be that of an owner or PLCB approved manager.
4) Submit affidavit with an original signature and all forms by mail to your regional RAMP office:

South Eastern Region
Pennsylvania Liquor Control Board
RAMP
Meetinghouse Business Center
120 W. Germantown Pike, Suite 140
Plymouth Meeting PA, 19462-1421
(610) 940-1217

Western Region
Pennsylvania Liquor Control Board
RAMP
Purity Plaza
158 Purity Road, Suite D
Pittsburgh PA, 15235-4441
(412) 723-0109

Central Region
Pennsylvania Liquor Control Board
RAMP
990 Briarsdale RD, Unit A
Harrisburg, PA 17109
1-866-275-8237

IF YOU REQUIRE ASSISTANCE IN COMPLETING THIS APPLICATION, CALL YOUR REGIONAL RESPONSIBLE ALCOHOL MANAGEMENT PROGRAM (RAMP) OFFICE AT THE NUMBERS LISTED ABOVE.